

EXHIBIT A: Applicant Checklist

APPLICANT INFORMATION

Employee ID: _____ RN Hire Date: _____
 Job Title: _____

Full Name: _____
Last First M.I.

Credentials: _____
Highest earned degree, Licensure, State designations or requirements, National certifications, etc.

Department: _____
Department/ Unit Name Dept. # Campus Location

Phone: _____ Email: _____

Level Applied for: Diamond Gold Silver Bronze

One (1) year nursing experience as an RN at Deaconess (October 31)?	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>
1000 or greater patient care hours worked in the previous 12 months?	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>
Annual performance evaluation must meet job standard with no unsatisfactory ratings?	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>
No corrective warnings in the previous 12 months	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge and will submit my portfolio to the Ambassador for initial review no later than December 1st after my annual performance evaluation.

Applicant Signature: _____ Date: _____

I have reviewed with the Applicant his or her readiness to apply for the PDP Core and Elective Grid (Exhibit D), and have verified the above evaluation information:

Applicant is **NOT READY** to apply at this time Applicant is **READY** to apply

FMLA Return Date (if applicable): _____

Department Manager Signature: _____ Date: _____

PDP AMBASSADOR REVIEW

(Each portfolio review must be completed within 7 days of receipt)

PDP Ambassador Signature: _____ Date /Time Submitted: _____

PDP Chairperson Signature: _____